

New _____ Renewal _____



For office use only:

Licensing Year: _____

License No.: _____

Date Issued: _____

CEREAL MALT BEVERAGE LICENSE SUPPLEMENTAL WORKSHEET

BUSINESS NAME _____

BUSINESS ADDRESS _____ BUSINESS PHONE _____

CONTACT PERSON _____ PHONE NUMBER _____

MAILING ADDRESS FOR RENEWALS _____

KANSAS SALES TAX NUMBER _____

(If just applied for, please write applied for in this space, if you need the forms; call 785-296-4937)

Principal enterprise of the business: _____

(Please specify: tavern, grocery store, cafe, private club, etc.)

Date _____ Signature _____

APPLICANT: DO NOT WRITE BELOW THIS LINE

For Office Use Only:

Consumption on Premises \$200.00 Unopened Packages \$50.00
Amount \$ _____ + \$25.00 State Revenue Stamp = Total Paid \$ _____
Receipt No. _____ Date _____ Received by _____

Certificate of Health Department

The sanitary facilities (DO / DO NOT) meet the minimum requirements for handling and serving (FOOD / FOOD AND DRINK)
for (CONSUMPTION ON PREMISES / PACKAGE SALES ONLY).

Date _____ Health Official _____

Certificate of Zoning

NEW APPLICATIONS ONLY

I hereby certify that the above property is presently zoned District _____. The above request (IS / IS NOT)
permitted in this district.

Date _____ Zoning Official _____

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Certificate of Police Department

1. The applicant (HAS/HAS NOT) been convicted of a felony within two year immediately preceding the date of making this application.
2. The applicant (HAS/HAS NOT) been convicted of a crime involving moral turpitude within two years immediately preceding the date of making this application.
3. The applicant (HAS/HAS NOT) been adjudged guilty of drunkenness within two years immediately preceding the date of making this application.
4. The applicant (HAS/HAS NOT) been adjudged guilty of driving a motor vehicle while under the influence of intoxication liquors within two years immediately preceding the date of making this application.
5. The applicant (HAS/HAS NOT) been convicted of the violation of any state or federal intoxicating liquor law within two years immediately preceding the date of making this application.

I hereby (APPROVE / DISAPPROVE) this application.

Date _____ Police Department _____

(This form prepared by the Attorney General's Office)
(Individual Application Form)
APPLICATION FOR LICENSE TO RETAIL CEREAL MALT BEVERAGES

_____, _____ COUNTY, KANSAS _____, _____

TO THE GOVERNING BODY OF THE CITY OF _____, KANSAS

or

THE BOARD OF COUNTY COMMISSIONERS OF _____ COUNTY, KANSAS

I hereby apply for a license to retail cereal malt beverages in conformity with the laws of the State of Kansas and the rules and regulations prescribed and hereafter to be prescribed by you relating to the sale or distribution of cereal malt beverages; for the purpose of securing such license, I make the following statements under oath:

1. (a) Name of proposed licensee _____

(b) Age _____

(c) Place and date of birth _____

(d) Residence address _____

(e) I have been a resident of the State of Kansas _____ years.

(f) I have been a resident of _____ County _____ years.

2. (a) The legal description of said property is _____

(b) The street number is _____

(c) The building to be used is _____

(d) The business will be conducted under the following name: _____

3. The name and address of the owner or owners of the premises upon which the proposed business will be located are: _____

4. I am a citizen of the United States. Yes (), No ().

(a) My citizenship arises by birth (). naturalization ().

(b) My place of naturalization and the date thereof is as follows: _____

5. I have (), have not (), been convicted of a felony within two years immediately preceding the date of this application.

6. I have () have not (), been convicted of a crime involving moral turpitude within two years immediately preceding the date of this application.
7. I have (), have not (), been convicted of a crime involving drunkenness within two years immediately preceding the date of the application.
8. I have (), have not (), been convicted of driving a motor vehicle while under the influence of intoxicating liquors within two years immediately preceding the date of this application.
9. I have (), have not (), been convicted of a violation of any state or federal intoxicating liquor law within two years immediately preceding the date of this application.
10. My place of business will be conducted by a manager or agent -
Yes (), No ()
- a. If the answer above is yes, the name, age, and residence of manager or agent is _____
- _____
- Said manager or agent does () does not (), have the qualifications to have a license issued in his own name. The same to be determined by reference to K.S.A. 41-2702 and 41-2703. Specifics concerning the manager's residence, citizenship, and the answers to question 5 through 9 are as follows:
- _____
- _____
- _____
- _____
11. I have (), have not (), been a resident of this State for at least one year immediately preceding making this application.
12. My spouse would (), would not (), be eligible to receive a retailer's license.
13. This application is for a license to retail cereal malt beverages: for consumption on the premises (), in original and unopened containers and not for consumption on the premises ().

A license fee of \$_____ is submitted herewith.

I, _____, the above-named applicant, hereby agree to comply with all of the laws of the State of Kansas, and all the rules and regulations prescribed by you, and hereafter to be prescribed by you, relating to the sale or distribution of cereal malt beverages, and do hereby agree to purchase all cereal malt beverages from a wholesaler licensed and bonded under the laws of the State of Kansas, and do hereby consent to the immediate revocation of my cereal malt beverage license, by the proper officials for the violation of such laws, rules or regulations.

(Signature of Applicant)

STATE OF KANSAS, COUNTY OF _____, ss.

I, _____, the above-named applicant, do solemnly swear that I have read the contents of this application, and that all information and answers herein contained are complete and true. So help me God.

(Signature of Applicant)

SUBSCRIBED AND SWORN TO before me this _____ day of _____

(Character of official administering oath)

My commission expires on the _____ day of _____, _____

APPLICATION APPROVED this _____ day of _____, _____

By _____

(Official position)

of _____, Kansas

(City or county)

Recorded in Volume _____, at page _____

NOTE: A PHOTOCOPY OF THE COMPLETE FORM, TOGETHER WITH THE APPLICATION FEE REQUIRED BY K.S.A. 2001 SUPP. 41-2702(e), MUST BE SUBMITTED TO THE **DIVISION OF ALCOHOLIC BEVERAGE CONTROL BUREAU, KANSAS DEPARTMENT OF REVENUE.**

Rvd 08/2006

SECTION I - TAXPAYER IDENTIFYING INFORMATION

SECTION II - TAX COMPUTATION

MAKE CHECK OR MONEY ORDER PAYABLE TO "BUREAU OF ALCOHOL, TOBACCO AND FIREARMS", WRITE YOUR EMPLOYER IDENTIFICATION NUMBER ON THE CHECK AND SEND IT WITH THE RETURN TO BUREAU OF ATF, P.O. BOX 371962, PITTSBURGH, PA 15250-7962	TOTAL TAX DUE \$ 0.00
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SIGNATURE	TITLE	DATE
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SECTION III - BUSINESS REGISTRATION**10. OWNERSHIP INFORMATION:**

(Check One Box Only)

☐

INDIVIDUAL OWNER

☐

PARTNERSHIP

☐

CORPORATION

☐

OTHER (Specify) _____

11. OWNERSHIP RESPONSIBILITY: (Read instruction sheet; use a separate sheet of paper if additional space is needed.)

FULL NAME	ADDRESS	POSITION
FULL NAME	ADDRESS	POSITION
FULL NAME	ADDRESS	POSITION
FULL NAME	ADDRESS	POSITION
FULL NAME	ADDRESS	POSITION

12. ☐ GROSS RECEIPTS less than \$500,000 (See instructions for reduced rate taxpayers on the attached instruction sheet)13. ☐ NEW BUSINESS (**NOTE: RETAILERS AND WHOLESALERS SHOW DATE ALCOHOLIC BEVERAGE SALES BEGAN; PRODUCERS, MANUFACTURERS AND USERS SHOW DATE BUSINESS COMMENCED**)

DATE OF CHANGE (mm, dd, yy)

14. ☐ EXISTING BUSINESS WITH CHANGE IN:

<input type="checkbox"/> (a) NAME/TRADE NAME (Indicate)	DATE OF CHANGE (mm, dd, yy)
<input type="checkbox"/> (b) ADDRESS (Indicate)	DATE OF CHANGE (mm, dd, yy)
<input type="checkbox"/> (c) OWNERSHIP (Indicate)	DATE OF CHANGE (mm, dd, yy)
<input type="checkbox"/> (d) EMPLOYER IDENTIFICATION NUMBER (OLD: _____ NEW: _____)	DATE OF CHANGE (mm, dd, yy)
<input type="checkbox"/> (e) BUSINESS TELEPHONE NUMBER (_____)	
15. <input type="checkbox"/> DISCONTINUED BUSINESS	DATE BUSINESS DISCONTINUED (mm, dd, yy)

PAPERWORK REDUCTION ACT NOTICE

This information is used to ensure compliance by taxpayers of P.L. 100-647, Technical Corrections Act of 1988, and the Internal Revenue Laws of the United States. ATF uses the information to determine and collect the right amount of tax.

The estimated average burden associated with this collection of information is .8 hours per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, D.C. 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

(SEE ATTACHED INSTRUCTION SHEET)

ATF F 5630.5 (10-99)